

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09827 882	FILING DATE	04-04-01
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
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TOTAL IND.	6	1	16	1		
TOTAL DEP.	25	1	25	1		
TOTAL CLAIMS	3	1	31	1		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS